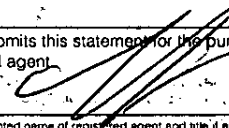
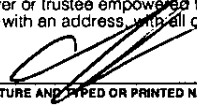


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90051 034 ***150.00

DOCUMENT # P98000060326 1. Entity Name MRDM, INC.			
Principal Place of Business 1370 58TH ST. CLEARWATER, FL 33760		Mailing Address 4139 TATAN PLACE TAMPA, FL 33624	
3. Principal Place of Business 5019 Whistling Pines Ct.		3. Mailing Address 5019 Whistling Pines Ct.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL	
Zip 33544		Zip 33544	
Country PASCO		Country PASCO	
4. FEI Number 59-3525716		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELI, MICHAEL R 4139 TARTAN PLACE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Michael R. Meli Street Address (P.O. Box Number is Not Acceptable) 5019 Whistling Pines Ct. City Wesley Chapel FL Zip Code 33544	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  DATE: 1/24/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MELI, MICHAEL R 4139 TARTAN PLACE TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Michael R. Meli 5019 Whistling Pines Ct. Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  DATE: 1/24/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			